



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, CARL R. DARNALL ARMY MEDICAL CENTER  
36000 DARNALL LOOP  
FORT HOOD, TEXAS 76544-4752

MCXI-DCS

1 March 2011

**MEMORANDUM FOR COMMANDERS**

**SUBJECT: Warrior Transition Unit (WTU) Nominations**

1. In accordance with the Warriors In Transition Consolidated Policy Guidance (WTPG), the Triad of Leadership, consisting of the Senior Cdr, MTF Cdr, and WTU Cdr, will establish an appropriate process to review all COMPO1 Soldiers who meet the eligibility criteria for assignment/attachment to WTU and will determine disposition. Soldiers must meet the following eligibility criteria:

a. Must have a condition that will generate a profile that precludes the Soldier from training for or contributing to unit mission accomplishment >than 6 months. Medical non-availability is not an automatic acceptance into the WTU.

b. Medical condition requires clinical case management in order to ensure appropriate, timely and effective utilization and access to healthcare services.

c. Soldiers who are within 180 days of ARFORGEN (LAD) cycle will be given special consideration.

2. Commanders will submit a completed packet for eligible Soldiers, consisting of "Request for Transfer to WTU" form signed by O-5/O-6 level Cdr, Warrior Screening Matrix for WTU, Cdr Evaluation/Functional Statement, and current profile/profiles.

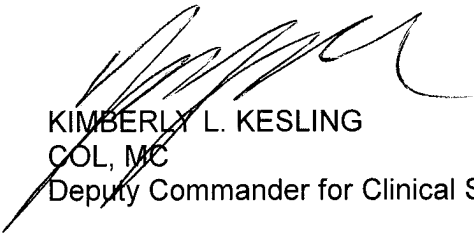
a. Samples of the required documents are enclosures to this memorandum.

b. The completed packets will be submitted to the Deputy Commander for Clinical Services (DCCS) office, second floor, CRDAMC, for review by Triad of Leadership at monthly Triad meeting.

3. POC for this memorandum is 254-288-8482.

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1. Request for Transfer to WTU Form
2. Warrior Screening Matrix
3. Cdr Eval/Functional Statement
4. Current Profile (DA Form 3349)

  
KIMBERLY L. KESLING  
COL, MC

Deputy Commander for Clinical Services

REQUEST FOR TRANSFER TO WTU

Soldier's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Rank \_\_\_\_\_

Unit of Assignment \_\_\_\_\_ SSN \_\_\_\_\_

Request the above named individual be assigned/attached to the WTU. The following information is provided:

Current diagnosis/diagnoses (list all):

\_\_\_\_\_  
\_\_\_\_\_

1. Soldier requires > 6 months of medical care/rehab as indicated by: (check all that apply)  
Medical Provider \_\_\_\_\_ Treatment plan \_\_\_\_\_ Profile \_\_\_\_\_ other \_\_\_\_\_  
Explain \_\_\_\_\_
2. Soldier requires clinical case management in order to ensure appropriate, timely and effective utilization and access to healthcare services, and to support healing and rehab yes \_\_\_\_\_ no \_\_\_\_\_  
Explain \_\_\_\_\_
3. Soldier has been recommended for, or is currently undergoing Medical Evaluation Board process  
yes \_\_\_\_\_ no \_\_\_\_\_ If yes, when was MEB initiated? \_\_\_\_\_
4. Soldier's MOS is \_\_\_\_\_. Is this a shortage MOS in unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Soldier possesses a profile that deems them non-deployable, and restricts ability to train, perform duties of their MOS or contribute to mission accomplishment yes \_\_\_\_\_ no \_\_\_\_\_
5. Soldier is \_\_\_\_\_ is not \_\_\_\_\_ N/A \_\_\_\_\_ within 180 days of ARFORGEN (LAD) cycle.
6. I verify the above named Soldier is \_\_\_\_\_ is not \_\_\_\_\_ undergoing /pending UCMJ action, legal action, investigation, or LOD determination.
7. Impact of Soldier remaining in unit: \_\_\_\_\_  
\_\_\_\_\_

Attachments:

1. Warrior Screening Matrix for WTU
2. Cdr Eval/Functional Stmt
3. Current Profile (DA Form 3349)

CO CDR Signature \_\_\_\_\_ Date \_\_\_\_\_

BN CDR Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Concur \_\_\_\_\_ Non Concur \_\_\_\_\_ Comments: \_\_\_\_\_

BDE CDR Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Concur \_\_\_\_\_ Non Concur \_\_\_\_\_ Comments: \_\_\_\_\_

## Warrior Screening Matrix for WTU

The health care provider will complete Sections 1-5 to determine if Soldier meets criteria for referral to Triad of Leadership. The Soldier's Commander will complete Section 6.

		A B C D				
1. Health Provider Assessment	Behavioral Health	Condition requires referral to an MEB <sup>1</sup>				
		Catastrophic illness/injury prohibiting return to pre-injury occupation				
		No Combat stress or operational stress				
	Predicted duty absence	Combat Stress or Mild PTSD				
		Moderate PTSD-improving				
		Moderate PTSD (existing, exacerbated or recurrent)				
		Severe psychiatric illness				
	Treatment Estimate	Requires 1 Appointment or less per month				
		Requires 1 or 2 Appointments per week				
		Requires 3 or more Appointments per week				
		Soldier unable to perform any assigned duties in unit for >30 days.				
	Drug or alcohol use	Treatment & Rehab complete in <3 mos				
		Treatment & Rehab complete in 3-6 mos				
		Treatment & Rehab complete in 6-12 mos				
		Treatment & Rehab needed for >12 mos				
		No indication of drug or alcohol use disorder				
		Daily use of prescription controlled substances				
	Suicide	Tolerance <sup>2</sup> to prescription controlled substances				
		Prior enrollment in ASAP or legal/admin action for drugs/alcohol				
		Dependence on or addiction to drugs or alcohol. (Excludes nicotine)				
		No history of Suicide thoughts or actions				
		Suicidal Ideation				
	Medical Compliance	History of Suicide Gesture				
		History of Suicide Gesture/Ideation w/ access to lethal means				
History of Suicide Attempt						
Participates actively in treatment and keeps all Appts.						
Psychosocial Events	Participates actively in treatment with <3 No Shows in last 6 mos.					
	Participates moderately in treatment with 3 No Shows in last 6 mos.					
	Does not participate in treatment; >3 No Shows in past 6 mos					
	No Significant Life Stressors <sup>3</sup>					
	Moderate Life Stressors					
2. Add checks in each column to determine Risk Score	Significant Life Stressors or recent divorce or loss of relationship					
	Soldier involved in Family Violence within last year					
	Injury/Illness mod-severely impacts Soldier's view of Self-Worth					
Weights		1000	100	10	1	
3. Administrative Information						
Soldier's Name (Last, First, MI)		Health Care Provider's Name (Last, First, MI)				
Soldier's SSN		Health Care Provider's Signature				
Soldier's Unit of Assignment		Date Assessment Completed				
4. Transfer Column Totals to Risk Score						
5. Circle Risk Assessment based on Score.						
Score Interpretation / Risk Assessment						
<p>&lt; 0029 No Indication for Assignment or attachment to WTU; Low risk effect on medical plan of care.</p> <p>0030-0199 Possible indication for Assignment or attachment to WTU; Mild risk effect on medical plan of care.</p> <p>0200-0999 Indication for Assignment or attachment to WTU; High risk effect on medical plan of care.</p> <p>&gt;1000 Failure to assign or attach Soldier to WTU likely to decrement the medical plan of care.</p> <p>Additional Provider Comments:</p>						
6. Unit Commander's Assessment:						
Nominate Soldier for WTU assignment/attachment <sup>4</sup>						
Keep Soldier in Unit (for Soldiers with scores <0200)						
Keep Soldier in Unit with Risk-Mitigating Strategies (for Soldiers with scores >0200). Must be coordinated between MTF Commander and Unit Commander.						
Risk Mitigating Strategies (for Soldier's remaining in Unit and with scores>200)						
Additional Commander Comments <sup>8</sup> :						
Unit Commander's Name (Last, First, MI)						
Unit Commander's Signature (O5+ if Soldier score > 200)						
Date Assessment Completed						

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**Appendix 2 to Annex B to FRAGO 3 to EXORD 118-07 [HEALING WARRIORS]**

**COMMANDER'S PERFORMANCE & FUNCTIONAL STATEMENT**

**AUTHORITY:**

**PURPOSE:** To provide information on the impact a medical impairment has on the ability of military personnel to perform their military duties, and to document administrative actions.

**Section I: SOLDIER DEMOGRAPHIC INFORMATION**

1. DATE(YYYYMMDD)	2. LAST NAME	FIRST NAME	MIDDLE INITIAL	3. SSN:	4. PMOS / BASD
4. COMPONENT	5. AGE	6. UNIT OF ASSIGNMENT			

**Section II: FUNCTIONAL STATEMENT**

Description	YES	NO	COMMENTS REQUIRED IN SECTION V
7. Soldier is performing duties in his/her MOS.			
8. Soldier is in an appropriate TO&A or TDA position for his/her grade and MOS.			
9. Soldier can perform his/her assigned MOS duties in the unit.			If answer is NO
9a. Soldier performs alternate duty well.			If answer is NO
10. Soldier's medical condition/limitations affect the unit accomplishing its mission.			
11. Soldier keeps all medical appointments.			If answer is NO
12. Soldier has healthcare appointments on a regular basis.			If answer is NO
	< 1 time/wk _____ _____ _____	1-3 times/wk _____ _____ _____	3-5 times/wk _____ _____ _____
			>5 times/wk _____ _____ _____

**Section III: INDUSTRIAL CAPACITY STATEMENT:**

	YES	NO	COMMENTS REQUIRED IN SECTION V
13. Soldier works an 8-hr duty day.			If answer is NO
14. If Soldier is not working, it is because he/she is going to appointments.			If answer is NO
15. Soldier is able to remember locations, work-like procedures and instructions.			If answer is NO
16. Soldier is able to maintain a level of attention and focus to carry out instructions and complete tasks in a timely manner.			If answer is NO
17. Soldier is able to communicate effectively with others.			If answer is NO
18. Soldier is able to relate civilly to supervisors and other workers.			If answer is NO
19. Soldier is able to sustain an ordinary routine without extra supervision.			If answer is NO
21. Soldier is able to make basic work-related decisions.			If answer is NO
22. Soldier is able to perform without an unreasonable number and duration of rest periods.			If answer is NO
23. Soldier is able to ask simple questions and request help when appropriate.			
24. Soldier is able to respond appropriately to changes in routine.			
25. Soldier is able to be aware of safety hazards and take appropriate precautions.			
26. Soldier has healthcare appointments on a regular basis.			If answer is NO
27. The Commander has reviewed, completed block 19 and 20 and signed Soldier's Profile DA Form 3349.			
28. The Commander agrees with the Soldier's Permanent Profile as written.			If answer is NO
29. Soldier is compliant with profile.			If answer is YES
30. Soldier is charged or under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge.			If answer is YES
31. Soldier is pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer).			If answer is YES (Specify the chapter and paragraph)

**CHAPTER \_\_\_\_\_, PARA \_\_\_\_\_**

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32. Soldier is pending voluntary retirement. Date retirement approved: _____					If answer is YES (List date retirement was approved)
LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN:		
SECTION V: COMMENTS: Provide comments if required by SECTION II, III or SECTION IV:					
SECTION VI: COMMANDER'S VALIDATION AND SIGNATURE					
1. PRINTED NAME		2. RANK	3. TITLE		
4. UNIT ADDRESS			5. PHONE NUMBER		
6. SIGNATURE	7. E-MAIL ADDRESS	8. DSN	9. FAX NUMBER		

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?	2. CODES (Table 7-2 AR 40-501)	3.	P	U	L	H	E	S
			Temporary					
			Permanent					

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)		
b. PERMANENT PROFILE (Reviewed and validated with every periodic health assessment or after 5 years from the date of issue)		

5. FUNCTIONAL ACTIVITIES THAT EVERY SOLDIER REGARDLESS OF MOS MUST BE ABLE TO PERFORM. IF SOLDIER CANNOT PERFORM ANY ONE OF THESE TASKS, THEN THE PULHES MUST CONTAIN AT LEAST ONE "3" AND SOLDIER MUST BE REFERRED TO A MEB. CAN THE SOLDIER:

FUNCTIONAL ACTIVITY:	YES	NO
a. Carry and fire individual assigned weapon?		
b. Evade direct and indirect fire?		
c. Ride in a military vehicle for at least 12 hours per day?		
d. Wear a helmet for at least 12 hours per day?		
e. Wear body armor for at least 12 hours per day?		
f. Wear load bearing equipment (LBE) for at least 12 hours per day?		
g. Wear military boots and uniform for at least 12 hours per day?		
h. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?		
i. Move 40lbs (for example, duffle bag) while wearing usual protective gear (helmet, weapon, body armor and LBE) at least 100 yards?		
j. Live in an austere environment without worsening the medical condition?		

6. APFT	YES	NO	ALTERNATE APFT <i>(Fill out if unable to do APFT run otherwise N/A)</i>	N/A	YES	NO
2 MILE RUN	<input type="checkbox"/>	<input type="checkbox"/>	APFT WALK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APFT SIT-UPS	<input type="checkbox"/>	<input type="checkbox"/>	APFT SWIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APFT PUSH UPS	<input type="checkbox"/>	<input type="checkbox"/>	APFT BIKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?

YES ☐ NEEDS MMRB

NO | NEEDS MEB

8. FUNCTIONAL LIMITATIONS AND CAPABILITIES AND OTHER COMMENTS:

This temporary profile is an extension of a temporary profile first issued on

9. NAME, GRADE & TITLE OF PROFILING OFFICER	10. SIGNATURE	11. DATE (YYYYMMDD)
12. NAME & GRADE OF APPROVING AUTHORITY	13. SIGNATURE	14. DATE (YYYYMMDD)

15. Commanders can access the electronic profiles of Soldiers in their unit(s) by going to <http://www.mods.army.mil/> and clicking on eProfile in the list of applications. Commanders will be required to register and be approved in eProfile before they can gain access to profiles.

<p>16. PATIENT'S IDENTIFICATION</p> <p>a. NAME: <i>(Last, First)</i> _____</p> <p>b. GRADE/RANK: _____</p> <p>c. SSN: _____</p> <p>d. UNIT: _____</p>	<p>17. HOSPITAL OR MEDICAL FACILITY</p>
	<p>18. PROFILING OFFICER E-MAIL</p>

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